

Work Order ID 93192

November-15-12 9:19:02 AM

\*93192\*

Page 1

Item ID: 647.1812

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Shim

Stop

\*NS2\*

Start Date: 11/15/12

Start Qty: 40.00

\*40\*

Cust Item ID:

Required Date: 12/07/12

Req'd Qty: 40.00

\*40\*

Customer:

Reference:

Approvals: Process Plan: M1J

Date: 12-11-12

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
110		0.00							
*110*									
Waterjet									
FLOW CNC Waterjet									
2021-063									
	Memo	0.00							
	1-Cut as per Dwg								
	Dwg Rev: NC								
	Prog Rev: NC								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
*120*									
QC									
Quality Control									

(50)

12-11-12

(50)

12-11-12

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>									
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	General			Bend	General			Grain	General			Ovalized	General			Pressure/Forced
Centre Not Concentric to O/S				BOM/Route				Hardware				Over/Under tolerance				Temperature/Cure
Cracks				Broken/Damaged				Inspection Incomplete				Part Incorrect				Weld
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
Cuffs				Contamination				Maintenance				Part Moved				
Heat Treat				Countersink				Mislabeled				Positioned Wrong				
Inspection Strip in Tube				Cut Too Short				Misread				Power Loss/Surge				
Ripples in Bend				Drill Holes				Offset								
Torque Waves in Extrusion				Drawing				Out of Calibration								
Turning Sequence				Finish				Out of Sequence								
Wave/Twist in Tube				Folio				Outside Dimensions								

Work Order ID 93192

\*93192\*

Page 2

November-15-12 9:19:02 AM

Item ID: 647.1812

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Shim

Stop

\*NS2\*

Start Date: 11/15/12

Start Qty: 40.00

\*40\*

Cust Item ID:

Required Date: 12/07/12

Req'd Qty: 40.00

\*40\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

SAS

\*130\*

QC

Quality Control

Memo

0.00

15

9-99

12/1/26

SG

COVA

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

\*140\*

Outsource4

Outsource process - Anodize

Memo

0.00

ISSUE P/O: 18583

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

12/15/12

150

Receive & Inspect for Damage & Mat'l Certs

0.00

\*150\*

Packaging

Packaging

Memo

0.00

10/13/11/12 (50)

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	General		
Centre Not Concentric to O/S				BOM/Route				Hardware			
Cracks				Broken/Damaged				Inspection Incomplete			
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear			
Cuffs				Contamination				Maintenance			
Heat Treat				Countersink				Mislabeled			
Inspection Strip in Tube				Cut Too Short				Misread			
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			
										Pressure/Forced	
										Temperature/Cure	
										Weld	
										Wrong Stock Pulled	
										Other	

Work Order ID 93192

\*93192\*

Page 3

November-15-12 9:19:02 AM

Item ID: 647.1812

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Shim

Start Date: 11/15/12 Start Qty: 40.00

\*40\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 40.00

\*40\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00 0.00	DAS 16 16 16	3/04/10					
170 <b>*170*</b> SprayPaint Spray Painting	Memo  PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)  CARDINAL 4860-50 PRIMER BATCH: <u>124204</u>	0.00 0.00				50	0	0	A9 13-3-22
180 <b>*180*</b> QC Quality Control	QC14- Inspect Spray Paint  Memo	0.00 0.00	DAS 16 16 16	3/04/10		XX			

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>														
		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____		NCR No. _____		Work Order Update <input type="checkbox"/>															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector							
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
<b>FAULT CATEGORY</b>																			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
																<input type="checkbox"/> Other			

**Work Order ID 93192**

November-15-12 9:19:02 AM

**\*93192\***

Page 4

**Item ID:** 647.1812

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Shim

Stop

**\*NS2\***

**Start Date:** 11/15/12    **Start Qty:** 40.00

**\*40\***

**Cust Item ID:**

**Required Date:** 12/07/12    **Req'd Qty:** 40.00

**\*40\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:**

**Date:**

**Tooling:**

**Date:**

Run

Start

**\*NR1\***

**QC:**

**Date:**

**SPC (Y/N):**

**Date:**

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

190

Identify as per dwg & Stock Location: ST739C 0.00

**\*190\***

Packaging

Packaging

**Memo**

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

56x

SO  
13-4-10

200

QC21- Final Inspection - Work Order Release

0.00

**\*200\***

QC

Quality Control

**Memo**

0.00

13/4/10

MF  
13-4-10

# Picklist Print

November-15-12 9:19:01 AM

Page 1

Work Order ID: 93192

Parent Item: 647.1812

Parent Item Name: Shim

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet		Purchased	No			110	sf	244.4200	0.017	0.715788	1.6	11-15-12	

Location	Loc Qty	Loc Code
MAT022	244.42	
119916	0.1	
121197	16.32	
123654	36	
123701	192	123701

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

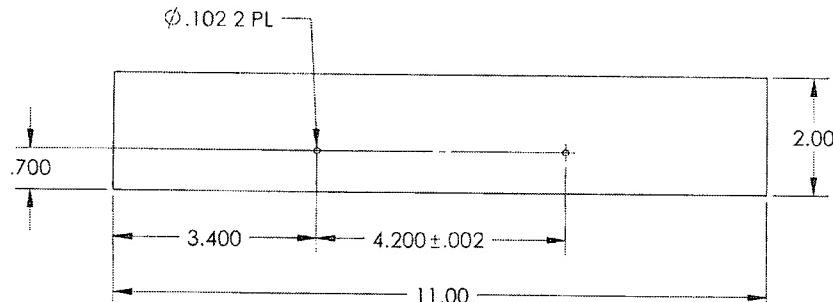
Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
		Work Order Update <input type="checkbox"/>			Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

**NOTES:**

 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
  4. IDENTIFY IAW MPP-120



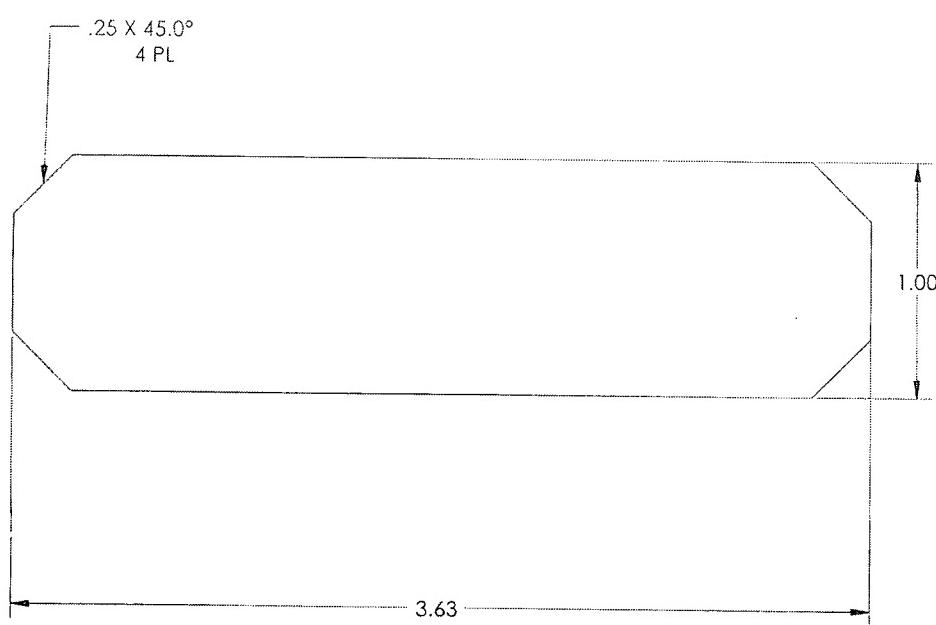
647.1810

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT

N(1) 93192 MCS  
12-11-16

			647.1818	NOSE DOOR SPACER		
			647.1817	SUPPORT, RH		
			647.1816	SUPPORT, LH		
			647.1815	GUSSET, RH		
			647.1814	GUSSET, LH		
			647.1813	ANGLE		
			647.1812	SHIM		
			647.1811	SPACER		
			647.1810	NOSE DOOR DOUBLER		
FIND #		PART #	DESCRIPTION		MATL	SPEC.
QTY			PARTS LIST			
NEXT ASSY (S)		647.1809	APICAL INDUSTRIES			
647.1300		DRAWN BY CJS/EP J. SCHNEIDER P. BRAND SPANNING APPROVAL MARCH 2000 CONTRACT #50	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300			
		(1)	SHEETMETAL			
			2/16	CODE/CLASS	PLATE NO.	REV. NO.
			B	07/06	647.1800	I
				SCALE, MM/IN.	1 SHEET	1 OF 2

93192



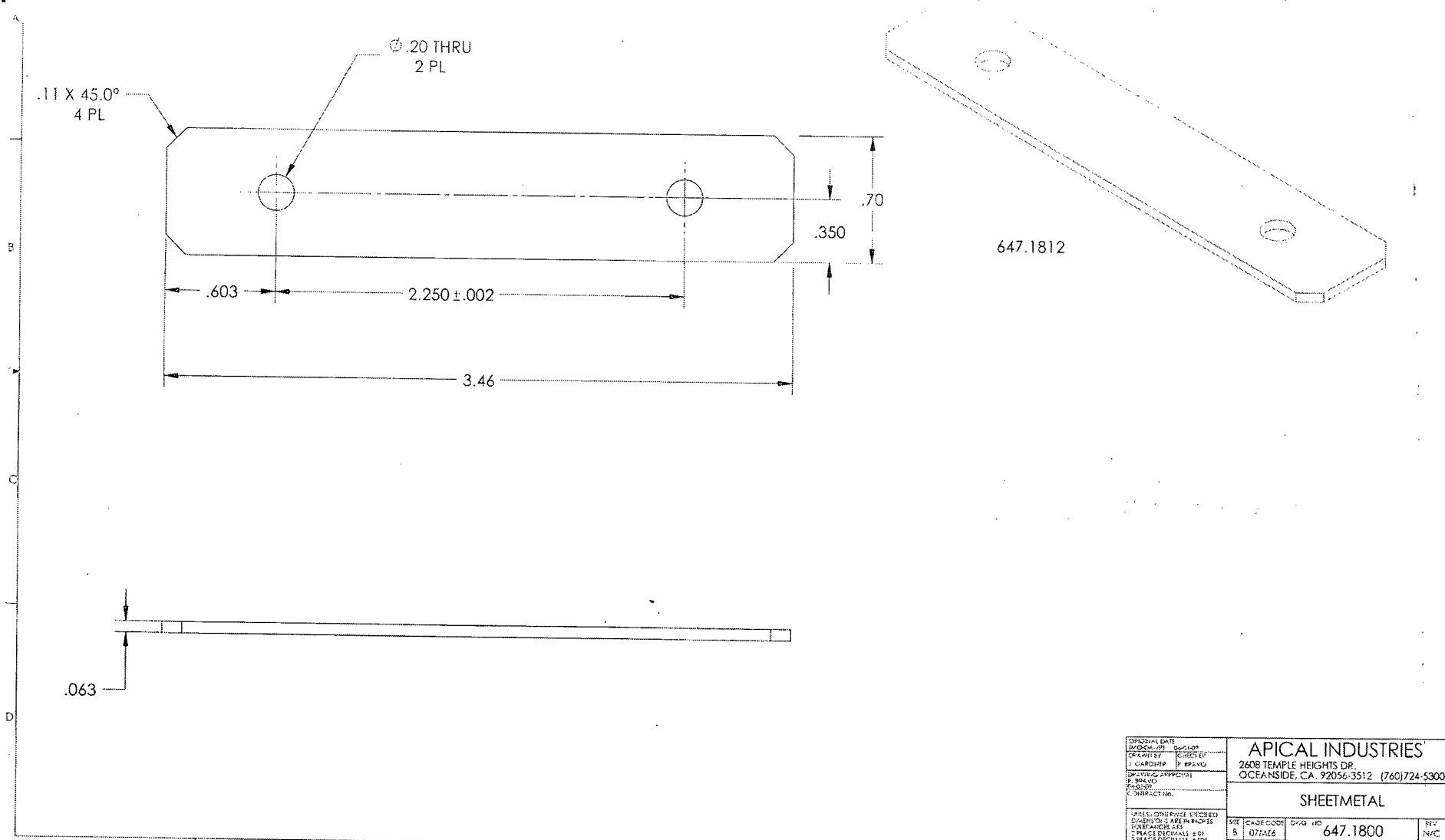
647.1811

CHICAGO DATE 08-01-09	DRAWN BY J. CARLOS	CHECKED P. SALAZAR
DRAWING APPROVAL DRAFTED CONTRACT NO.		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 2 PLACE DECIMALS ± 0.01 3 PLACE DECIMALS ± 0.001 4 PLACE DECIMALS ± 0.0001		
SIZE CLASS CODE	DNC NO.	REV. N/C
B   07M16	647.1800	
SCALE: NONE		SHEET: 2 OF 7

**APICAL INDUSTRIES**  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

**SHEETMETAL**

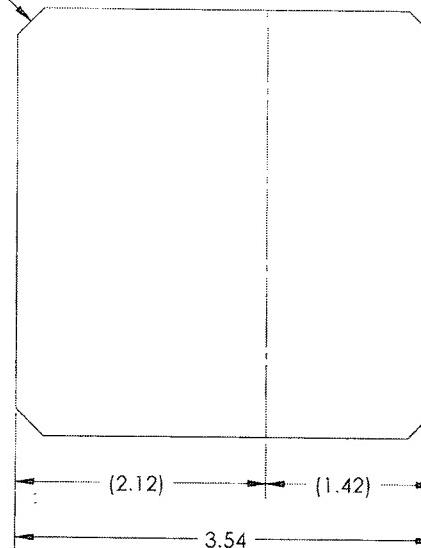
93192



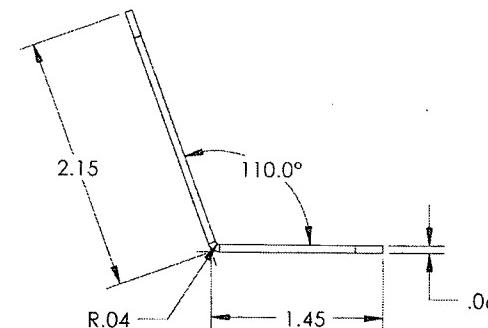
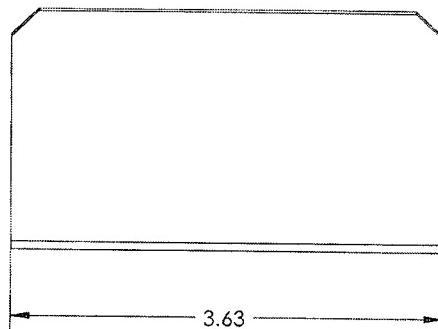
DESIGNER DATE 10/20/02	APICAL INDUSTRIES'
DRAWN BY [initials]	2608 TEMPLE HEIGHTS DR.
CHECKED BY [initials]	OCEANSIDE, CA. 92056-3512 (760)724-5300
APPROVED BY [initials]	
MAILED BY [initials]	
SUPERVISOR [initials]	
CONTRACT NO. [initials]	
SHEETMETAL	
DATE DRAWINGS ISSUED DIMENSIONS ARE IN INCHES TOLERANCES ARE PLATE THICKNESS ± .01 SPACE DIMENSIONS ± .05 ANGLES ± 5°	
REV B 07/02	SCALE NONE
647.1800	1 SHEET 3 OF 7

93192

.23 X 45.0°  
4 PL

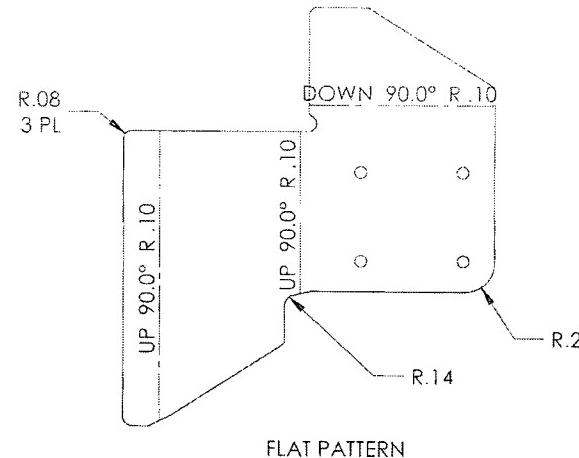
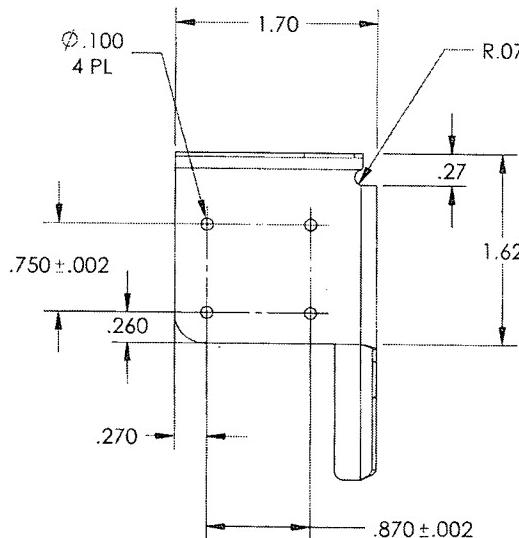
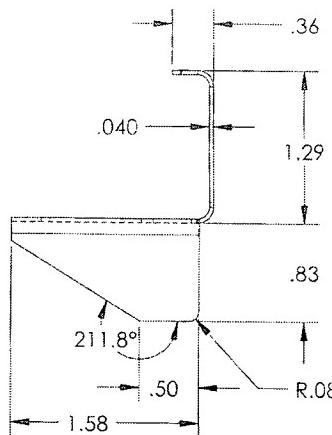


647.1813

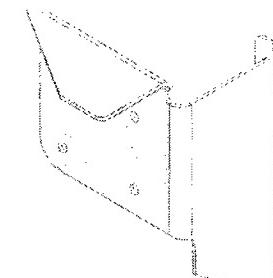


ORIGINAL DATE 12/04/12	REV. C
DRAWN BY J. GARNER	CHECKED P. BRAUN
SPONSOR APPROVAL DRAFTED B. BRAUN	REVIEWED J. GARNER
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760)724-5300	
<b>SHEETMETAL</b>	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 3 PLACES DECIMALS 2 PLACES DECIMALS 4 PLACES DECIMALS 3 PLACES DECIMALS 2 PLACES DECIMALS 1 PLACES DECIMALS 0 PLACES DECIMALS	REV. M/C
DATE 07/26/12	CASE CODE B
DRAWING NO. 647.1800	
SCALE: NONE	SHEET 4 OF 7

93192

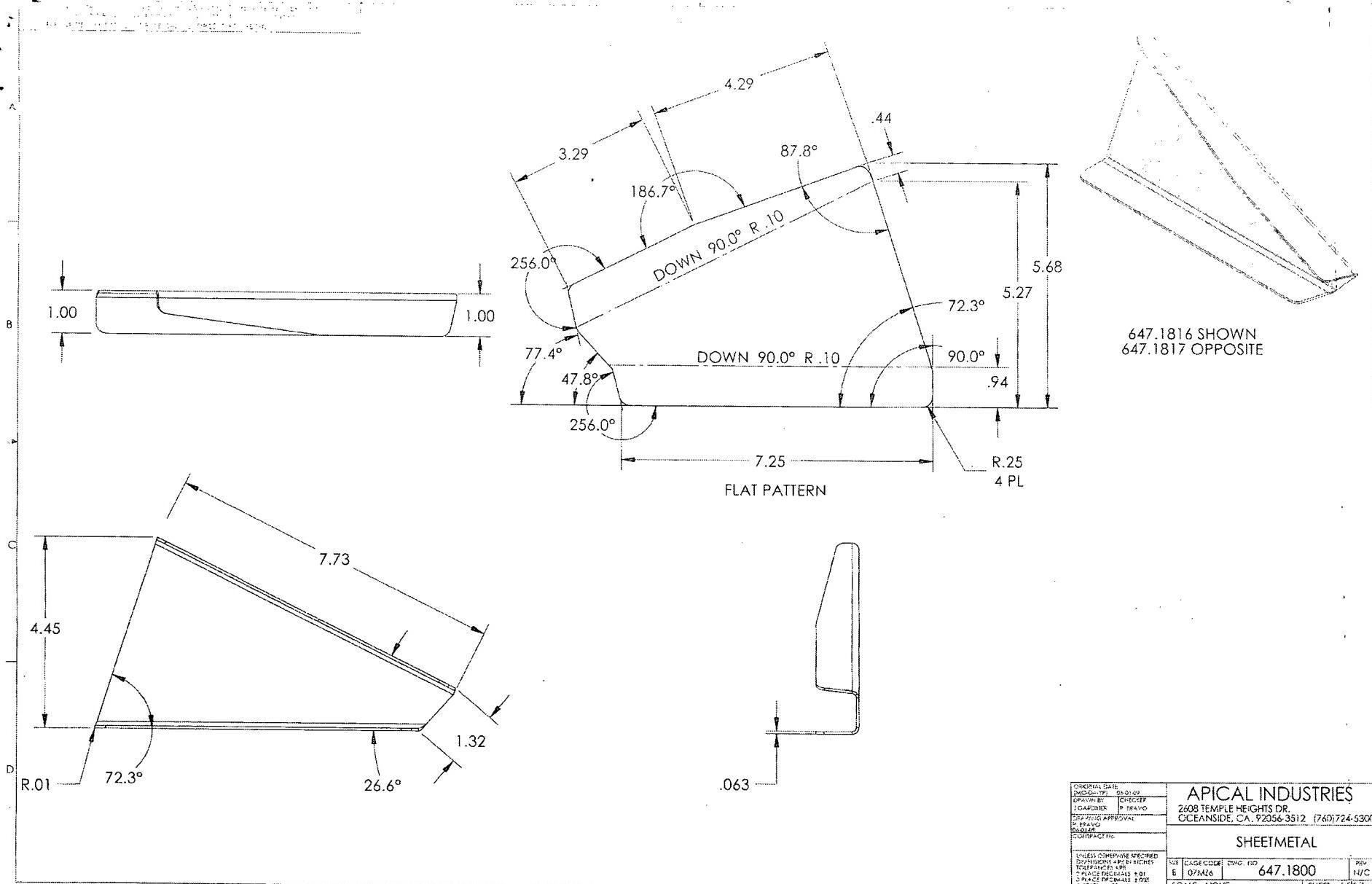


FLAT PATTERN



ORIGINAL DATE 2000-08-01	DESIGNER P. BRAVO	CHECKED P. BRAVO
DRAWING APPROVAL P. BRAVO		
<b>COMPONENT NO.</b>		
<b>INSTRUCTIONS FOR FABRICATION</b>		
DIMENSIONS ARE IN INCHES		
1 PLACE DECIMALS ±0.1		
2 PLACE DECIMALS ±0.01		
ANGLES ± 2°		
SHEET NO. 1 OF 7		
<b>APICAL INDUSTRIES</b>		
2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300		
<b>SHEETMETAL</b>		
SHE	CAGE CODE	Dwg. No.
B	37M6	647.1800
SCALE: NONE	P/C	

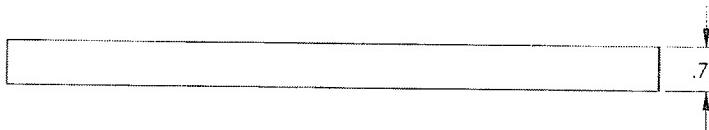
93192



973192

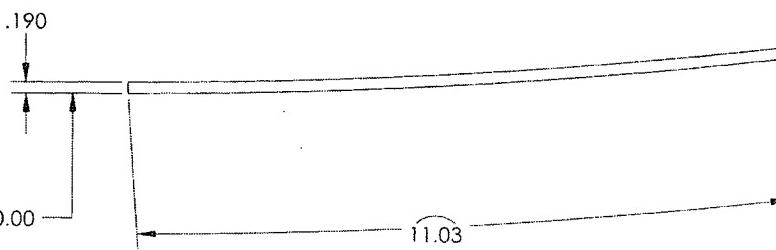


A



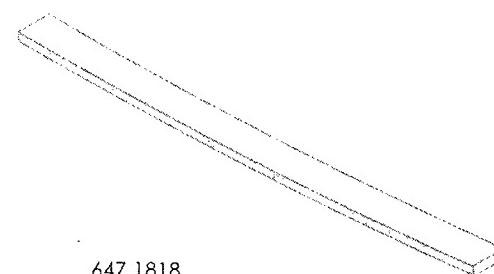
647.1818

B



C

D



ORIGINAL DATE 10-16-93	REVISIONS 0	DRAWN BY F BRAVO	CHECKED F BRAVO
DRAWING APPROVAL		APICAL INDUSTRIES	
02/14/94		2608 TEMPLE HEIGHTS DR.	
02/14/94		OCEANSIDE, CA 92056-3512 (760)724-5300	
CONTACT NO		SHEETMETAL	
NOTES: 1. ALL DIMENSIONS ARE IN INCHES. 2. TOLERANCES: ±.075 3. MATERIAL: 16 GA 4. PLACE DECIMALS .000 5. ANGLES ± 3°			
REV B	CAGE/COTN 07M26	DRAW. NO 647.1800	N/C
SCALE: NONE		SHEET	7 OF 7

DART AEROSPACE LTD	Work Order:	93195
Description: 647-1812 Shim	Part Number:	647-1812
Inspection Dwg: 647-1812 Rev: N/C		Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

14 AS

Measured by:	P	Audited by:	15 9-89	Preliminary Approval:	
Date:	12-11-19	Date:	12-11-19	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.06.15



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

## Pack List

Number: 62149

Date: 14-Jan-13

**Ship To**

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY ON K0A 1K7  
Canada

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms:	Ship Via:	
Quantity:	Description:	
1 lot	Part: ASST Rev: 24 PCS 647.2510 PASSIVATE PER QQ-P-35  1 PC 647.1613 12 PCS 647.1712 3 PCS 647.1810 <u>40 PCS 647.1812</u> 50 — 513104110 2 PCS 647.1813 1 PC 647.1816 20 PCS 646.3312 10 PCS 646.3714 40 PCS 646.3718 20 PCS 646.3811 6 PCS 647.7910 12 PCS 647.7912 6 PCS 647.7916 40 PCS 647.9012 10 PCS 647.9013 19 PCS 647.9016 30 PCS 647.9016 30 PCS 647.9017 60 PCS 647.9017  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130027      PO: PO18583      Line:	



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Terms	Shipment	Ship Via
Quantity	Description	Certificate of Conformance
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
DATE: <u>14/1/13</u>		
CERTIFIED SIGNATURE: <u>  </u>		
RECEIVER SIGNATURE: <u>  </u>		